Case 2:06-cv-00958-MH	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece. 	A. Signature X Agent Addressee B. Received by (Name) C. Date of Delivery
	John Houston, Commissioner Mental Health & Mental Retardation Dept for the State of AL 100 North Union Street Montgomery, AL 36130	ry address different from item 1? Yes enter delivery address below: No
er i nederling skrig.		3. Service Type Certified Mail Registered Insured Mail C.O.D.
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,	SENDER: COMPLETE THIS SECTION	COMPLETE: N ON DELIVERY
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	ullumlullullulull neral Counsel	Is delivery address different worn item 12
	he Alabama Depart of Mental Health S. Union Street htgomery, AL 36130	Summa petition
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